

## **International Goat Days Festival Concession Vendor Application**

	Owner Name.			<del></del>	
	Business Name	Business Name if different:			
	E-mail:				
	TN SALES tax I	TN SALES tax ID number:			
TIMEST	Address:				
"NON, GUY	City, State, Zip	<b>:</b>		<del> </del>	
	Day Phone:	Cell	Phone:		
List all iten	ns you will be selling	g and prices for each item (please	e write legibly and des	cribe accurately).	
	Item/Price		Item/Pr	<u>ice</u>	
		e indicate Booth Size needed ind			
Space re	quirement:	Power Req	uirement:	<del></del>	
	<u>Power is </u>	limited be prepared to supply ye	our own if needed.		
International Goat Days Festiv	val and the City of N	bility and fire insurance stating the Millington from any liabilities perionder application packet; and list	taining to your booth a	nd its actions, et. al. A copy of yo	ur
		What type of Booth do you	have?		
Te	ent or stick joint	RV conversion Ma	anufactured trailer	Custom built trailer	
PLEASE DO NOT FO	ORGET YOUR H	EALTH PERMIT FROM S	HELBY COUNTY I	HEALTH DEPARTMENT.	
will conduct myself in a profe fully understand that if the voluntarily leave withou	essional manner wit ne officials of the In t refund. I agree to	th respect to my neighbors, volui ternational Goat Days Festival fir indemnify and hold harmless Th	nteers, and the Internand fault with my produce International Goat Da		
	The Bel	ow vendor agrees to abide by the	e above contract.		
Signed by:			Date:		
	Please return s	igned contract, check and a phot	to of your food booth t	o:	

**International Goat Days Festival Attn: Food Vendor Committee** 7942 Church Street Millington, TN 38053